



Important Information

Your insurance contract will be prepared based on the information supplied by you, which is shown on this Proposal. To the best of your knowledge and belief, you must be satisfied the information is correct. It is important that you let us know about anything that could influence the insurers attitude to your proposal.

Your Personal Details

Please complete clearly in BLOCK CAPITALS

Proposer's full name: (including any subsidiary companies to be covered)

Address of premises

Postcode

Telephone no

Fax no

Address for correspondence (if different)

Telephone no

Fax no

Email address

Business (please describe fully and provide full product information)

Year business established

Directors/Partners full names (where not shown)

Date on which insurance is to commence

Renewal date (if not 12 months from commencement date)

____/____/____

____/____/____

Cover Required

Please complete all sections under which coverage is required

Section A: Property – All risks including theft

Accidental loss, damage or destruction to the property insured.

PROPERTY INSURED

a) Buildings £ _____

b) General Office contents excluding computer equipment £ _____

c) Business Equipment the property of the insured or for which they are responsible

– Premises only – United Kingdom – United Kingdom/Europe
£ _____ £ _____ £ _____

– Worldwide
£ _____

d) Hired in Equipment for which the insured is responsible

– Premises only – United Kingdom – United Kingdom/Europe
£ _____ £ _____ £ _____

– Worldwide Estimated annual hiring charges for the next 12 months
£ _____ £ _____

e) Computer Equipment the property of the insured or for which they are responsible and Laptop Computers

– Premises only – United Kingdom – United Kingdom/Europe
£ _____ £ _____ £ _____

– Worldwide
£ _____

f) Stock and Materials in Trade, work in progress and finished goods the property of the Insured or for which the Insured is responsible £ _____

g) Decorations and improvements to buildings including landlords fixtures and fittings for which the insured is responsible as tenant and not as owner £ _____

h) Other items (please describe in full)

£ _____

2. Is any property kept in outbuildings or away from the premises? Yes No

If YES state type of property, sum insured, location and construction

3. Is cover to include Subsidence? Yes No

4. Is cover to include Mechanical and Electrical Breakdown? Yes No

5. Is cover to include loss, destruction, or damage attributable to Acts of Terrorism Yes No

6. Do you hire our Equipment without your own operatives being present at all times? Yes No

7. Do you utilise Conditions of Hire holding the Hirer responsible for loss or damage? Yes No

8. Are vehicles left loaded and unattended overnight or for periods longer than one hour at a time? Yes No

9. Are vehicles fitted with immobilisers, alarms or other security devices? Yes No

If YES to Questions 6-9 above, please give full details

Section B: Business Interruption

Interruption to the business as a result of loss, damage or destruction by any of the perils Insured.

10. Please insert Sums Insured for the chosen period during which compensation is to apply to enable the business to fully recover from serious loss or damage.

a) Estimated Gross Profit or £ _____	b) Estimated Gross Revenue, or £ _____	c) Increased Cost of Working Expenses £ _____
d) Additional Increase in Cost of Working £ _____	e) Outstanding Debit Balances £ _____	

11. Maximum Indemnity Period _____ Months

12. Is cover to include Mechanical and Electrical breakdown? Yes No

13. Is cover to include loss, destruction, or damage attributable to Acts of Terrorism Yes No

14. Please state the name and address of your accountants and the date of your financial year end

Section C: Money

Loss, damage or destruction to Money arising in the course of the Business

15. Please insert limits of liability required

a) Money at the residence of the Insured or any authorised employee	£ _____
b) i) Money at the premises out of business hours not contained in a locked safe or strongroom	£ _____
ii) Money at the premises out of business hours contained in a locked safe or strongroom	£ _____
c) i) Money in transit	£ _____
ii) Money at the premises during business hours	£ _____
iii) Money at sites of contract during business hours	£ _____
iv) Money in a bank night safe	£ _____
d) Money on the person (Personal Carrying Limit)	£ _____
e) Cheques, giro cheques, bankers drafts, money orders, postal orders any of which are crossed, used National Insurance stamps, National Savings Certificates, credit card sales vouchers and VAT purchase invoices	£ _____
16. Estimated annual amount of notes and coins in transit by your employees	£ _____
17. Estimated annual amount of notes and coins in transit by a Security Company	£ _____

18. Please provide details of any safe or strongroom at the Premises

Make and model	Year of Manufacture	Serial number
£ _____	£ _____	£ _____
Dimensions	Anchored or free standing	
£ _____	£ _____	

19. Is cover to include Personal Accident (Robbery)? Yes No

20. Please indicate Territorial Limits required (Great Britain, Europe or Worldwide)

Section D: Employers Liability

21. Is cover to include

a) Employers Liability i.e. claims for injury sustained or disease contracted by your employees? Limit of Indemnity £10,000,000 any one claim Yes No

Please provide Employers Reference Number _____

b) Public/Products Liability, i.e. claims by other persons who sustain injury or whose property is damaged, including claims arising out of goods sole or supplied Yes No

22. Tick box for Public/Products Limit of Indemnity required

£1,000,000 £2,000,000 £5,000,000

Other amount, please specify
£ _____

23. Estimated annual turnover in next twelve months £ _____

24. Estimate your total expenditure on wages, salaries and other earnings (Annual Remuneration)

Description of employees including any person supplied to or hired or borrowed by the Proposer.

Clerical and managerial employees not engaged in manual labour £ _____

Catering and domestic employees £ _____

All other employees £ _____

25. Do you accept or have you accepted under contract any liability other than under A.P.R.S. Conditions which would not otherwise attach to you? Yes No

If YES please provide details

26. Do you handle, use or store, radioactive substances or devices, chemicals, gases, explosives, asbestos, silica or material containing silica or any other dangerous substance? Yes No

If YES please provide details

27. Do any of your activities involve exposure to noise levels exceeding 85dB(A)? Yes No

Recording (Contractual Liability) Extension

Available only to business trading under the Association of Professional Recording Services terms and conditions or other such terms of business (please provide copy)

28. Limit of Liability any one Recording

£ _____

29. Limit of Liability all Recordings any one time

£ _____

Section E: General Questions

30. Do all your buildings have walls of brick, stone or concrete and roofs of slate, tile, concrete metal or asbestos?

Yes No

If NO, please provide details

31. Are your premises heated in whole or in part by a paraffin waste oil or LPG (Liquefied Petroleum Gas) appliance or system?

Yes No

If YES, please provide details

32. a) Are you the sole occupier of the premises?

Yes No

b) Are the premises occupied at night by the Proposer, Director or Partner or a member of their families or an Employee of the Business?

Yes No

If NO, please provide details

33. Are records of stock, purchases and sales kept?

Yes No

34. Are your premises in good repair, your plant and equipment properly guarded and maintained and your walls, gates and fences in good order?

Yes No

If NO Please provide details

35. Are the access doors to your premises secured with 5 lever mortice deadlocks and all accessible windows fitted with suitable fastenings?

Yes No

If NO please give details

36. Are your premises protected by a burglar alarm installation?

Yes No

If YES please provide details of

a) make and when installed

b) type of protection afforded

c) signalling bells only, 999, central station, Redcare, digital communicator

It is a condition of this insurance that the alarm be maintained under contract.

A copy of the appropriate specification should be enclosed with this proposal.

37. Have you or has any director or partner ever been prosecuted under the Factories Act, Health and Safety at Work Act, the Consumer Protection Act or any other Statutory Regulations? Yes No

38. Do you have a formal written Health and Safety Policy? Yes No

39. Have you or has any Director or Partner or employee

a) been convicted of arson or any offence involving dishonesty of any kind e.g. fraud, robbery theft or handling stolen goods? Yes No

b) during the past 5 years traded in another name? Yes No

If YES please give details

40. INSURANCE HISTORY

Have you or has any Director or Partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years for any risks against which you wish to insure? Yes No

If YES state name of previous insurer(s), Policy Number(s) and Expiry Date

b) Has any such previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions for any of the risks against which you wish to insure? Yes No

If YES please provide details

41. LOSS/CLAIMS HISTORY

In respect of any of the risks against which you wish to insure have you or has any Director or Partner

a) Incurred any loss, destruction or damage or made a claim Yes No

b) Had any claim made against you by employees or other parties. (whether under a current or any previous trading name or interest during the last 5 years) Yes No

If YES please provide details

Claim 1

Date _____ / _____ / _____ **Amount paid** £ _____ **Amount Outstanding** £ _____

Brief description of claim(s)

Claim 2

Date	Amount paid	Amount Outstanding
_____ / _____ / _____	£ _____	£ _____

Brief description of claim(s)

Claim 3

Date	Amount paid	Amount Outstanding
_____ / _____ / _____	£ _____	£ _____

Brief description of claim(s)

Section F: Payments

Do you wish to pay the premium by monthly instalments Yes No

If YES an application form will be sent to you

NO INSURANCE IS IN FORCE UNTIL YOUR APPLICATION HAS BEEN ACCEPTED AND FULL PREMIUM HAS BEEN RECEIVED

Personal Data

You have the right to access any records about you, which we hold on computer files under the Data Protection Act 1984. Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer the insurance including the terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. In dealing with your application this register may be searched. In the event of a claim, the information you supply on this form, together with other information relating to the claim will be put on the register and made available to participants.

To set up and administer your policy Riva Insurance Brokers Limited will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area. Riva Insurance Brokers Limited may also send you details of their other products and services.

Please tick this box if you do not wish to receive such details

Insurance Premium Tax
The Finance Act 1994 required us to levy Insurance Premium Tax at the prevailing rate on insurance business. For further information, please ask your adviser.

Section G: Declaration

To the best of my knowledge and belief the information and statements provided in connection with this proposal, whether in my own hand or not, are true and complete and no material facts or information have been withheld or suppressed. I understand that non-disclosure or misrepresentation of a material fact may entitle insurers to void the insurance. (N.B. a material fact is one likely to influence acceptance or assessment of the risk by insurers. If you are in any doubt as to whether a fact is material or not, please disclose it). I understand that signing this declaration does not bind me to complete, or insurers to accept, this insurance. I understand and agree that insurers may seek information from credit and other agencies in connection with this proposal.

Signature(s): _____ **Date** _____ / _____ / _____

Please note: If you are returning this form to Riva ib by electronic means (email or upload), please either enter your electronic signature in the space provided or type in your full name. In both cases this legally binds you to the information supplied.

**Riva Insurance Brokers Ltd.**

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